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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J17743

(2)

1. Corporation Name

BARBARA L. COATS, INC.

Principal Place of Business

% BARBARA L. COATS
15560 BRIARWOOD MANOR
DAVIE FL 33331

Mailing Address

% BARBARA L. COATS
15560 BRIARWOOD MANOR
DAVIE FL 33331-2546

3. Date Incorporated or Qualified
06/02/1986

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

21 1243 Presidio DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 1243 Presidio DR.
Suite, Apt. #, etc.

22 City & State

23 FORT LAUDERDALE, FL

24 33327 25 USA

27 City & State

28 FORT LAUDERDALE, FL

29 33327 30 USA

4. FEI Number
59-2647019

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COATS, BARBARA L.
15560 BRIARWOOD MANOR
DAVIE FL 33331

10. Name and Address of New Registered Agent

81 Name Barbara L. COATS
82 Street Address (P.O. Box Number is Not Acceptable)
1243 Presidio DR.
83
84 City FORT LAUDERDALE, FL 85 Zip Code 33327

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Barbara L. Coats

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-8-97

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME COATS, BARBARA L.
STREET ADDRESS 15560 BRIARWOOD MANOR
CITY-ST-ZIP DAVIE-FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Barbara L. Coats

4-8-97

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CR2E034 (9/96)